KOLAR Document ID: 1724631

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Original Record

WELL ID Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Township	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

WATER WELL OWNER

Name				
Business				
Address				
Well location				
at owner's address				

CONSTRUCTION

Borehole interval:	Borehole diameter:			
fromtoft.	in.			
fromtoft.	in.			
Casing height above land su				
If casing height is less th has a variance been app *variance not required fo	roved?* Yes No			
or environmental reme	U U			
Casing type:				
Blank casing interval:	ft. toft.			
Blank casing diameter:	in.			
Casing joints:				
Weight:lbs	s/ft.			
Wall thickness or gauge	no.:			
Blank casing interval:	ft. toft.			
Blank casing diameter:	in.			
Casing joints:				
Weight:lbs	s/ft.			
Wall thickness or gauge	no.:			
Grout interval: ft. to	oft.			
Grout material:				
Grout interval: ft. to	oft.			
Grout material:				
Screen / perforation material	:			
Screen / perforation opening	gs:			
Screen / perforation interval	s:			
Fromft. to	_ft.			
Slot size unit				
Fromft. to	_ft.			
Slot size unit				
Gravel pack intervals:				
Gravel pack not used:	Gravel size in			
From ft. to	ft.			
Gravel pack not used:				
From ft. to				

	County				
WELI	WATER U	SE			
сом	PLETION				
Dep	th of compl	eted well	:		ft.
	th(s) groun				
(1)_	ft.;	(2)	ft.;		
(3)_	ft.;	(4) c	lry well		
Stati	ic water leve	el in well:		ft.	
	neasured be on (mm/dd/		surface		
	neasured at on (mm/dd/		surface		
Esti	mated yield	:	gpm		
Wat	er level was	:	_ft. after		hours
		F	oumping		gpm
Pun	np installed	Yes	No		
Wat	er well disir	fected?	Yes	No	

Yes No

NEAREST SOURCE OF	POTENTIAL CONTAMINA	TION
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction	
Source description:		
No potential sour within 100 feet.	ce of contamination	
PERMIT & ID NUMBE	RS (AS REQUIRED)	
DWR Application No).:	
KDHE / EPA Project	Code:	
Site Name:		
KDHE UIC Class V F	Form Completed: Yes	No
County Permit: Yes	s No Permit ID:	

of boreholes: _____ # of dewatering wells: _

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS

Lease Name & Well #: _

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	ed on	I certify that this record is true to
the best of my knowledge and belief.	This water well reco	ord was completed on
under the business name of		······,
Kansas Water Well Contractor's Licer	nse No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(j) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		·
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well
KANSAS DEPAR	TMENT OF HEALTH	AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

Form	WWC5.2 - Water Well Record	
Doc ID 1724631		
Well Owner Atlas Technical Consultants LLC		
Contractor	GSI Engineering, LLC	

Lithology

From	То	Lithology Intervals
0	.5	other,Asphalt
.5	7.5	clay-fat,dry,dense,traces of sand/gravel, dark brown to yellow/black
7.5	10	clay,sandy,slightly moist,loose,slight odor, black to brown
10	12.5	sand,fine,slightly moist,loose,with clay traces, no odor, brown to light brown
12.5	13	clay,with sand
13	18.5	sand,fine to medium,saturated,loose,no odor, well sorted, slight discoloration
18.5	20	clay-lean,moist,dense,no odor, brown/yellow

